



PART B - FEE(S) TRANSMITTAL

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37485 7590 10/19/2005

SWANSON & BRATSCHUN, L.L.C.
1745 SHEA CENTER DRIVE, SUITE 330
HIGHLANDS RANCH, CO 80129

01/24/2006 KBETEMAR 00000032 10767115

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP

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Tasha L. Pierce	(Depositor's name)
<i>[Signature]</i>	(Signature)
January 19, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/767,115	01/28/2004	Joshua D. Rabinowitz	00029.11CON	4440

TITLE OF INVENTION: DELIVERY OF ANTIPSYCHOTICS THROUGH AN INHALATION ROUTE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	01/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAGHIGHATIAN, MINA	1616	424-045000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Swanson & Bratschun, LLC

2 William L. Leschensky

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Alexxa Pharmaceuticals, Inc.

Palo Alto, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-5117 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Katherine Lobel-Rice

Date January 19, 2006

Typed or printed name Katherine Lobel-Rice

Registration No. 58,079

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